

US EPA RECORDS CENTER REGION 5



522913

**Harding Lawson Associates**

**APPENDIX B**  
**DOCUMENTS OBTAINED**



*United  
States  
Steel  
Corporation*

GARY WORKS  
1 NORTH BROADWAY  
GARY, INDIANA 46402

September 28, 1984

MLA - HOUSTON

Mr. John M. Wilson  
Harding Lawson Associates  
6300 Westpark Dr.  
Suite 100  
Houston, Texas 77057

Dear Mr. Lawson:

Transmittal of Part A Permit  
Application - USSC Gary Works

Per your request, I am forwarding a copy of the most recent revision of our RCRA Part A Permit Application. The facilities described on page 1 of 5 in the application are as follows:

1. D80 - 101 Acre-feet - Hazardous Waste Landfill<sup>1)</sup>
2. D83 - 50,000,000 Gallons - Tar Sludge Impoundment<sup>1)</sup>
3. T01 - 45,000 Gallons per day - Waste Acid Treatment Plant<sup>2)</sup>
4. T02 - 45,000 Gallons per day - Neutralized Waste Acid Lagoons<sup>1)</sup>
5. D79 - 432,000 Gallons per day - Deep Injection Well<sup>2)</sup>
6. T02 - 864,000 Gallons per day - Terminal Treatment Plant  
Sludge Drying Beds<sup>1)</sup>
7. T02 - 720,000 Gallons per day - ST-17 Final Oil Separator  
Sludge Drying Bed<sup>1)</sup>

While you were here at Gary Works, we visited and inspected sites 1, 2, 4, 6 and 7.

If you have any questions or require additional information, please call me (219-944-3691).

- 1) Require groundwater monitoring
- 2) Does not require groundwater monitoring

Sincerely yours,

*David Lepinski*

DPL:ce

Attachment

cc: M. A. Hanson  
N. M. Olavarria

ATTACHED WITH THIS PERMIT IS 1 PRINT EACH OF THE FOLLOWING DRAWINGS:

1. Drawing No. GW-282825
2. Drawing No. GW-282826
3. Drawing No. GW-282827
4. Drawing No. GW-276873
5. Drawing No. GW-276874
6. Drawing No. GW-282828
7. Drawing No. GW-282829
8. Drawing No. GS-48104
9. Drawing No. GS-48105

**H. POLLUTANT CHARACTERISTICS**

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

III. NAME OF FACILITY	
1	SKIP
1	U.S.S.C. G.A.R.V. & TUBING SPECIALTIES

**V. FACILITY MAILING ADDRESS**

B. CITY OR TOWN		C. STATE	D. ZIP CODE
4	GARY	IN	46401

[illegible]

B. COUNTY NAME	
LAKE	

C. CITY OR TOWN										D. STATE		E. ZIP CODE		F. COUNTY CODE (if known)	
GARY										IN		46401			

SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
3	3	1	2	(specify)			
BLAST FURNANCES AND STEEL MILLS							
C. THIRD				D. FOURTH			
(specify)				(specify)			

III. OPERATOR INFORMATION

A. NAME		B. Is the name listed in Item VIII-A also the owner?
UNITED STATES STEEL CORPORATION		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)		D. PHONE (area code & no.)
F - FEDERAL S - STATE P - PRIVATE	M - PUBLIC (other than federal or state) O - OTHER (specify) P (specify)	4 1 2 4 3 3 6 0 1 2

E. STREET OR P.O. BOX
00 GRANT STREET

F. CITY OR TOWN	G. STATE	H. ZIP CODE	IX. INDIAN LAND
PITTSBURGH	PA	15230	Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)	D. PSD (Air Emissions from Proposed Sources)
IN 000281	
B. UIC (Underground Injection of Fluids)	E. OTHER (specify)
U	PC 45 1430
C. RCRA (Hazardous Wastes)	E. OTHER (specify)
R	IN 0052094
(specify) STATE OF INDIANA OPERATING PERMIT-#8 COKE PLANT BOILER NPDES PERMIT	

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

UNITED STATES STEEL CORPORATION GARY WORKS AND TUBING SPECIALTIES PRODUCES ALL TYPES OF IRON AND STEEL PRODUCTS, COKE, COAL CHEMICALS, SEAMLESS TUBE ROUNDS AND STEEL FOUNDRY PRODUCTS.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
P. X. Masciantonio, Vice President Environment & Energy	C. X. Masciantonio	3-2-82

COMMENTS FOR OFFICIAL USE ONLY

FORM 3 RCRA

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY  
HAZARDOUS WASTE PERMIT APPLICATION  
Consolidated Permits Program  
(This information is required under Section 3005 of RCRA.)

1. EPA I.D. NUMBER  
E I N D 0 0 5 4 4 4 0 6 2

FOR OFFICIAL USE ONLY

APPLICATION APPROVED

DATE RECEIVED (yr., mo., & day)

COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☐ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

YR. MO. DAY

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

YR. MO. DAY

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☒ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS		T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	SURFACE IMPOUNDMENT	T03	TONS PER HOUR OR METRIC TONS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	INCINERATOR	T04	GALLONS PER DAY OR LITERS PER DAY
<b>Dispose:</b>			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	ACRE-FEET	A	
LITERS	L	TONS PER HOUR	HECTARE-METER	F	
CUBIC YARDS	Y	METRIC TONS PER HOUR	ACRES	A	
CUBIC METERS	C	GALLONS PER HOUR	HECTARES	B	
GALLONS PER DAY	U	LITERS PER HOUR			

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

DUP

T/A C

1

LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)				1. AMOUNT	
		2. UNIT OF MEASURE (enter code)				2. UNIT OF MEASURE (enter code)	
X-1	S 0 2	600		5	D 7 9	432,000	
X-2	T 0 3	20		6	T 0 2	864,000	
1	D 8 0	101		7	T 0 2	720,000	
2	D 8 3	50,000,000		8			
3	T 0 1	45,000		9			
4	T 0 2	45,000		10			

## I. PROCESSES (continued)

SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

Line 3 T01 - See Drawing Nos. GS-48104 and GS-48105

## DESCRIPTION OF HAZARDOUS WASTES

**A. EPA HAZARDOUS WASTE NUMBER** - Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**ESTIMATED ANNUAL QUANTITY** - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**UNIT OF MEASURE** - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE
POUNDS . . . . .	P
TONS . . . . .	T

METRIC UNIT OF MEASURE	CODE
KILOGRAMS . . . . .	K
METRIC TONS . . . . .	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste

## PROCESSES

### 1. PROCESS CODES:

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**SAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** - A facility will treat and dispose of an estimated 900 pounds year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES			
				1. PROCESS CODES (enter)		2. PROCESS DESCRIPTION (if a code is not entered in D(1))	
X-1	K 0 5 4	900	P	T 0 3	D 8 0		
X-2	D 0 0 2	400	P	T 0 3	D 8 0		
X-3	D 0 0 1	100	P	T 0 3	D 8 0		
X-4	D 0 0 2					included with above	

EPA I.D. NUMBER (enter from page 1)												FOR OFFICIAL USE ONLY																														
W I N D 0 0 5 4 4 4 0 6 2 1												W DUP 2 DUP																														
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																																										
WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE				C. UNIT OF MEASURE (enter code)	D. PROCESSES																																
	21	22	23	24	25	26	27	28		29	30	31	32	33	34	35	36	37	38	39	40																					
1	K	0	8	7	8,672				T	D	8	3																														
2	U	0	4	3	3.62				T	D	8	0																														
3	K	0	6	2	26,838				T	S	0	2	T	0	1	T	0	2																								
4	D	0	0	2	18				T	T	0	1	T	0	2																											
5	D	0	0	2	36				T	S	0	2	T	0	1	T	0	2																								
6	K	0	6	2	27,362.06				T	D	8	0																														
7	K	0	6	2	93,171				T	S	0	2	T	0	1	D	7	9																								
8	K	0	6	2	38,500				T	T	0	2	D	8	0																											
9	K	0	6	2	17,500				T	T	0	1	D	7	9																											
10	K	0	6	2	87,912.6				T	S	0	2	T	0	1																											
11	K	0	6	2	5,989				T	S	0	2																														
12	K	0	6	2	22,300				T	T	0	2																														
13	K	0	6	1	27,000				T	D	8	0																														
14	K	0	6	2	30,737.8				T	T	0	1	T	0	2																											
15	D	0	0	2	443,027.2				T	S	0	2	T	0	1																											
16	D	0	0	7	209,044				T	T	0	1	S	0	2																											
17	D	0	0	2	61.2				T	D	8	0																														
18																																										
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## DESCRIPTION OF HAZARDOUS WASTES (continued)

USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

IND 00544 4062 T/A C 6

## FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

## PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

## FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, &amp; seconds)

4 1 3 7 0 1 0

(See DWG. NO. GW-282826 for location)

LONGITUDE (degrees, minutes, &amp; seconds)

0 8 7 2 0 0 0 0

## I. FACILITY OWNER

A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

## OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)

X. Masciantonio, Vice President  
Environment & Energy

B. SIGNATURE

P. X. Masciantonio

C. DATE SIGNED

3-2-82

## OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)

X. Masciantonio, Vice President  
Environment & Energy

B. SIGNATURE

C. DATE SIGNED